

St. Francisville Police Department

"A Duty to Protect, an Honor to Serve"



Application for Employment

St. Francisville Police Department

Application for Employment

We, consider applicants for all positions without regard to race, color, religion, creed gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For:	Date of Application
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How did you learn about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in	

Last Name	First Name	Middle Name
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Street Address	City	State	Zip Code
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Telephone Number(s)	Social Security Number
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Are you over 18 years of age? Yes No

Have you ever filed an application with us before? If yes, give date: _____ Yes No

Have you ever been employed with us before? If yes, give date: _____ Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

On what date would you be available for work? _____

Are you currently on "lay-off" status and subject to recall? Yes No

Do you have a dependable means of transportation to and from work? Yes No

Can you travel if the job requires it? Yes No

Have you been convicted of a felony in the last 7 years? (This will not necessarily disqualify you for employment) If yes, please explain: _____ Yes No

What is your desired salary range? _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education:

	Name and Address of School	Course of Study	Years Completed	Diploma Or Degree
<i>Elementary School</i>				
<i>High School</i>				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities including military service:

Employment Experience: Start with your present or last job. Include any volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer		
Address & Phone		
Job Title		
Job Duties		
Hourly Rate / Salary	Starting:	Final:
Employment Dates	From:	To:
Reason for Leaving		

Employer		
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Reason for Leaving		

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills:

Check skills:

- Terminal
- Data Entry
- Spreadsheet
- Word Processing
- 10 Key

List All Familiar Computer Programs:

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Any additional information you feel may be helpful:

References:

1. Name: _____
Address: _____
Phone Number _____
2. Name: _____
Address: _____
Phone Number _____
3. Name: _____
Address: _____
Phone Number _____

Applicant's Statement:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.

This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and acknowledge that any employment relationship with this *organization* is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

I understand that my employment with the St. Francisville Police Department is contingent upon my satisfactory results of a drug screen and/or physical. As a condition of my employment, I agree to submit to a drug screen test and/or physical and have the results reviewed by the Director of Human Resources.

Signature of Applicant

Date

I agree to undergo a psychological evaluation and/or drug screening at the request and expense of the police department.

Yes _____ No _____

I understand that a DNA sample will be collected as per LRS 40:2405.4. Yes _____ No _____

Have you ever been arrested? Yes _____ No _____ if yes, please explain in detail including jurisdiction in which arrested.

Have you ever been convicted of any crime other than a minor traffic violation? Yes _____ No _____ if yes, please explain in detail including jurisdiction in which arrested.

Are you currently under indictment in any jurisdiction? Yes _____ No _____ if yes, please explain in detail including jurisdiction in which indicted.

Have you ever filed for Bankruptcy? Yes _____ No _____

Date: _____ Court: _____

The following members of my family have been arrested for offenses other than traffic violations:

I have been convicted of the following traffic violations in the last five years:

I am currently involved in the following Civil Court Action:

I certify that

- I do not drink excessively
- I do not use narcotics, other central nervous system drugs, or any illegal drugs.

AUTHORIZATION AND AGREEMENT

I HEREBY AUTHORIZE YOU TO CONTACT:

MY PRESENT EMPLOYER(S) YES _____ NO _____
MY PAST EMPLOYER(S) YES _____ NO _____

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted by a consumer reporting agency to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts.

Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted by a consumer reporting agency. This agency may keep and use information it supplies to us in this investigation for its own business purposes. Further information such as the name of the consumer reporting agency or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer reporting agency that compiled the report.

CA and MN only: check here _____ if you wish to receive a copy of the consumer report directly from the consumer reporting agency that compiled the report.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorization forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resources Manager.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement or jail position, I will be required to comply with all the requirements of the Peace Officer Standards and Training Board (or equivalent agency) required by the state. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I am resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

***DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.**

FAIR CREDIT REPORTING ACT
DISCLOSURE AND AUTHORIZATION STATEMENT

To: All Applicants For Employment(Please Read Carefully Before Signing Below)

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my right under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Name (Please Print)

Signature

Date Signed